

FULL FACILITY PROFILE

ALPINE HOME CARE	PROVIDER #: 467100	TYPE ACTION: RECERTIFICATION
1879 SOUTH MAIN STREET, SUITE #180	PHONE NUMBER: (801) 463-2500	TYPE FACILITY: OFFICIAL HEALTH AGENCY
SALT LAKE CITY UT 84115	PARTICIPATION DATE: 01/30/1996	TYPE OWNERSHIP: PROPRIETARY
STATE'S REGION CODE: 001		

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION  
 CERTIFIED HOSPICE PROVIDER NO: NONE  
 NUMBER OF SUBUNITS: NONE  
 PARENT AGENCY PROVIDER NO: NONE  
 NUMBER OF BRANCHES: NONE

SERVICES OFFERED	STAFFING
NURSING	
REGISTERED NURSE	22.53
LICENSED PRACTICAL NURSE	2.80
PHYSICAL THERAPY	6.58
OCCUPATIONAL THERAPY	.97
SPEECH THERAPY	.12
MEDICAL SOCIAL WORKER	.26
HOME HEALTH AIDE	10.64
INTERN/RESIDENT	
NUTRITIONAL GUIDANCE	.00
PHARMACEUTICAL SERVICES	.00
APPLIANCE & EQUIPMENT SERVICE	
VOCATIONAL GUIDANCE	
LABORATORY SERVICES	
OTHER	12.66

HHA PROVIDES DIRECTLY: HOME HEALTH AIDE COMPETENCY PROGRAM  
 NUMBER RECORDS REVIEWED WITH HOME VISITS: 5  
 NUMBER RECORDS REVIEWED WITH NO HOME VISITS: 10  
 NUMBER OF HOME VISITS WITH NO RECORD REVIEW:  
 TOTAL RECORDS REVIEWED: 15  
 TOTAL HOME VISITS: 5

SURVEY SUMMARY: NO NEED FOR PARTIAL EXTENDED OR EXTENDED SURVEY

SURVEY DATES FROM: 12/13/2000		PROGRAM REQUIREMENTS		# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT			
DATE PROVIDER SIGNED POC: 12/22/2000							
REVISIT DATES: 03/01/2001							
LEVEL OF	TAG	REQUIREMENT	PLAN/DATE	STATUS OF	STATE	REGION	NATION
REQT	#		OF CORRECTION	DEFICIENCY	#	%	# %

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.  
 \* = REGIONAL OFFICE FLAG (INCLUDES COPS)    ELE = ELEMENT    STD = STANDARD    COP = CONDITION

SURVEY DATES FROM: 12/13/2000

PROGRAM REQUIREMENTS

DATE PROVIDER SIGNED POC: 12/22/2000

REVISIT DATES: 03/01/2001

LEVEL OF REQT	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT					
					STATE		REGION		NATION	
					#	%	#	%	#	%
STD	G0114	HHA INFORMS PATIENT OF PAYMENT METHODOLOGY	02/11/2001	DEFICIENCY CORRECTED	2	4.7	13	3.7	170	2.4
STD	G0116	RIGHT TO BE ADVISED OF AVAILABILITY OF TOLL-FREE	02/11/2001	DEFICIENCY CORRECTED	3	7.1	5	1.4	332	4.7
STD	G0121	COMPLIANCE WITH ACCEPTED PROFESSIONAL STANDARDS/	02/11/2001	DEFICIENCY CORRECTED	2	4.7	27	7.8	326	4.6

TYPE OF DEFICIENCY	TOTAL THIS FACILITY	AVERAGE NUMBER OF STATE	DEFICIENCIES REGION	PER FACILITY NATION
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CONDITION/LEVEL A	0	0.00	0.05	00.17
STANDARD/LEVEL B	3	1.07	1.66	03.24
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0.00	0.05	00.17
HEALTH TOTAL	3	1.07	1.72	03.42

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP	0	0	0

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